



# Army Family Team Building

## FY2004 Core Instructor Course Application Form

**Application Deadline: 1 January 2004**

Please print or type entire form  
INCOMPLETE AND/OR ILLEGIBLE FORMS WILL NOT BE PROCESSED

Name: \_\_\_\_\_  
First MI Last

Your SSN: \_\_\_\_\_ Course Dates: **8-16 Aug 2004**  
Please do not put your sponsor's SSN. It will delay your orders.

Mailing address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

Your Commercial FAX Number: \_\_\_\_\_ DSN: \_\_\_\_\_

MACOM: \_\_\_\_\_ Region: \_\_\_\_\_

NGB \_\_\_\_\_ USAR \_\_\_\_\_

Installation \_\_\_\_\_ or Unit \_\_\_\_\_

Are you a volunteer? ☐ Yes ☐ No Rank of your sponsor: \_\_\_\_\_

Are you paid staff working for AFTB? ☐ Yes ☐ No Are you a contractor? ☐ Yes ☐ No

What is your civil service pay grade? \_\_\_\_\_ or Military Rank \_\_\_\_\_

IF YOU REQUIRE A DD FORM 1610 (Request for TDY travel), PLEASE COMPLETE THE FOLLOWING:

Position Title \_\_\_\_\_

Official Duty Station \_\_\_\_\_

Organization Element \_\_\_\_\_

Enclosure – 1

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**Application: 1 January 2004**

Name of Applicant: \_\_\_\_\_

Year applicant attended Master Training:

1994 \_\_\_\_ 1995 \_\_\_\_ 1996 \_\_\_\_ 1997 \_\_\_\_ 1998 \_\_\_\_ 1999 \_\_\_\_ 2000 \_\_\_\_ 2001 \_\_\_\_ 2002 \_\_\_\_ 2003 \_\_\_\_

On the attached sheet of paper (page 3), please answer the following questions. Please use additional paper if necessary. Each response will be evaluated separately.

1. Highlight your experience as an AFTB Master Trainer: (i.e. your AFTB teaching experience to include the type and number of classes attended and taught.
2. How have you assisted/contributed to your local AFTB train-the-trainer program?
3. How have you used AFTB to meet the specific needs of your community, component, current or previous military assignments?
4. Why do you want to be a Core Instructor and how would you be an asset to the AFTB Core team?
5. Highlight any personal, professional and/or volunteer experiences, training or certification that has enhanced your skills and qualification to be a Department of Army AFTB Core Instructor.

### APPLICANT VERIFICATION

I understand this training is funded by the Department of Army. I certify that I am a DA AFTB Master Trainer trained before 1 August 2003 and therefore eligible to apply for this course. I have read the "Expectations for Core Instructors" and I agree to honor them. I honestly expect to work with the AFTB program for at least two years and will be available to teach at two trainings during each of those two years. I understand that HQ DA makes the final determination to certify me as a Core Instructor.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### STAFF ENDORSEMENT

I have discussed the criteria and the expectations for Core Instructors with this applicant and I fully endorse this applicant to represent this command and to attend the Core Instructor Course.

\_\_\_\_\_  
Printed Name of local AFTB POC  
(Family Prgm Coord., IVC, ACS, staff/vol manager)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### COMMANDER'S RECOMMENDATION

I understand the expectations and commitment to this DA-funded AFTB program, and I fully endorse this applicant to represent this command and to attend the AFTB Core Instructor Course.

\_\_\_\_\_  
Printed Name of Commander or  
designated representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**List two references familiar with your teaching skills and AFTB experience; list current telephone numbers.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
(Area Code) Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
(Area Code) Number



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Please respond to following questions. Please type or print. You may use the reverse side, no other attachments accepted.

1. Highlight your experience as an AFTB Master Trainer: (i.e. your AFTB teaching experience to include the type and number of classes attended and taught.
2. How have you assisted/contributed to your local AFTB train-the-trainer program?
3. How have you used AFTB to meet the specific needs of your community, component, current or previous military assignments?
4. Why do you want to be a Core Instructor and how would you be an asset to the AFTB Core team?
5. Highlight any personal, professional and/or volunteer experiences, training or certification that has enhanced your skills, and qualification to be a Department of Army AFTB Core Instructor.

- All applications must be submitted through the battalion SFA to the Brigade SFA.
- The Brigade SFA will forward the application to HQ USAREC AFTB Program Manager.

\_\_\_\_\_  
Battalion SFA Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Brigade SFA Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HQ USAREC Program Manager

\_\_\_\_\_  
Date

